

# Medical Tai Chi in Paris

## AN INTERVIEW WITH DOCTOR LUCE CONDAMINE

INTERVIEWED BY DAN DOCHERTY

*Dan Docherty (DD): “Doctor Luce, what makes this course in medical tai chi different from other tai chi classes?”*

Luce Condamine (LC): In this course of medical Tai Chi, the Tai Chi is the same as the Tai Chi in normal classes, but this course is not in weekly classes: it’s a university diploma, issued by the medical faculty (Paris XII University). Our students: physicians, physiotherapists, occupational therapists, as well as Tai Chi teachers, have been coming to the Maison du Taiji (Paris Tai Chi) several week-ends a year, for 2 years.

A team has been teaching them some theory: general pedagogy, pedagogy applied to the movement arts, some anatomy, physiology, some sinology, and medical and scientific data about Tai Chi and its physiological effects. We study evidence-based on reports in international medical journals, and we do a lot of practical Tai Chi training: some pushing-hand drills, a lot of martial applications and training with a partner, solo short forms, etc., and practical anatomy, practical pedagogy, some examination of posture, and many exercises to develop body awareness. The teaching can’t be done in one month, it’s necessary to spend 2 years, because it’s a way of transforming (Hua in Chinese) the real self.

For example: we teach the students to be able to use a benevolent approach, using Tai Chi as a part of the therapeutic education of patients. The training course allows the students to be independent. We teach them this theoretical pedagogical approach (in a network), with which they themselves are being taught during the course. They learn to train together, to help each other, and to become autonomous (“studying together to learn alone”).

*DD: Can you explain in more detail what you mean by “a benevolent approach” and “in a Network”?*

LC: Our pedagogical approach is “benevolent”, meaning “encouraging”. It’s a way of teaching, very kind, very helpful. For example, when someone says “I don’t know”, or “I don’t succeed”, or “I cannot”, we just add our magic word: “not yet” (“pas encore”, in French). It simply means that everything is still possible: “you don’t know yet”, “you don’t succeed yet”, “you cannot yet”... so you can improve, nothing is frozen. There is always a hope.

And the “network pedagogy” is based on the fact that everyone can learn from everyone else, and as soon as you know a little thing, you are able to teach it to someone who doesn’t know it (yet),



following the rule : “I ask, I receive” and “I know, I give”.

Another example is anatomy: we prefer to teach it in a practical, “embodied” way, rather than in a book. The important thing is to have the right image of the body and its functions. Our knowledge influences the way we use, or misuse, our body. The right images allow the right gestures.

Our medical Tai Chi university formation allows caregivers to master the right gestures and the right distance. It helps them to avoid monotony at work, and prevents burn-out; it’s also combating stress of caregivers, and as such, can have an important role in “good-treatment” policy... as caregivers are more “well-treaters” when they are “well-treated”.

*DD: Is it correct to say that the course is more practical than theoretical?*

LC: In a way, yes, our students are training “practical Tai Chi”; most of the time, the course is just “practice of Tai Chi”, solo and with partners. But there is also a theoretical part: reading and analyzing medical and scientific articles about Tai Chi, having some notions about neurosciences (empathy...), etc.

*DD: Who pays for the participants to attend the diploma course? How much does it cost?*

LC: Some participants pay for themselves. Some of them are in a formation paid by their hospital. The medical faculty registration fees are very low in France: about 300 euros a year, and the pedagogical fees are about 1600 euros a year. Several hospitals in France pay for their employees to learn medical Tai Chi, in order to be able to teach their patients. We have students (they are already doctors or physiotherapists or teachers...) from Paris and its suburbs, from Strasbourg, Valenciennes, Quimper... Brussels... and even from Venezuela!

*DD: This medical tai chi is suitable for patients with which type of conditions?*

LC: The medical Tai Chi can be helpful for many diseases, to learn how to cope with the disease. The therapeutic education of patients began (in France) for people with diabetes. There are three directions: know (“savoir”: what is the disease, what kind of consequences...), know how to (“savoir-faire”: how to prepare insulin injections, how to organize meals...), and know how to be (“savoir-être”: how to cope with the disease in everyday life, to anticipate

and neuro-re-education) in Paris hospitals: for patients with chronic low back pain, for patients with Parkinson’s disease, for patients with ankylosing spondylitis (a type of arthritis). We also use Tai Chi in a neuro-surgical ward, at the consultation “for pain management”, and in the therapeutic education for patients with chronic pain (particularly with fibromyalgia, etc.). Tai Chi is used in many other medical wards: in haematology, for patients with sickle cell disease, in cardiology (after surgery), in geriatric medicine (for improving balance, and mental condition), in psychiatry (for feeling better in the body, and calming the mind), and also in Adolescent’s and in Children’s wards (for patients with somatoform disorders, or for juvenile arthritis, or even for patients with headaches...). Now I’m using Tai Chi also for improving relationship between parents and children (often adolescents), and it works!

In several hospitals in Paris, I use Tai Chi in courses for medical and non medical caregivers: in order to teach them to be “carers”, and how to cope with the professional stress, and to prevent burn-out.

We are now creating a “transversal team” (physiotherapists, movement specialists, teachers of adapted physical activities, doctors...), to help other hospitals to begin their own teaching of Tai Chi (and other non pharmacological approaches) to patients, as therapeutic education, and to evaluate their new practice (because we need to provide the evidence that our “new” medicine is good for patients... and for caregivers).

*DD: What are the patients taught? Are they taught in a class with fellow sufferers of conditions such as Alzheimer’s or is it one to one? How much training do the patients receive?*

LC: We adapt the teaching of Tai Chi to each patient. Sometimes, it’s “one to one”, for example in my first “pain management” consultation. After cardiac surgery, it can also be one to one (for rehabilitation), with a daily practice, for some days or weeks. More often, in therapeutic education of patients, it’s in a “therapeutic group”, with people with the same medical condition; we have also groups of a variety of different medical conditions, and we propose some groups for caregivers, or with patients and caregivers, or groups with patients and family.

Training in a group itself has a therapeutic action: people learn more from their peers than from the caregivers. And when they learn Tai Chi, they can help each other; they can also talk together, they can see that they are not alone in this condition (e.g. chronic pain), they can

share their experience (how do they cope with this thing? with this exercise, this problem, etc.). It's very encouraging for them to be with other patients, and they laugh a lot. Tai Chi is a very "social" activity, as we "play" with a partner (thanks to the martial side of Tai Chi), and we change partners when changing exercises. It's a way to meet different people (not the same age or from the same social background, etc.). Practicing Tai Chi with the therapeutic group is a very pleasant time for the patients, and some patients come with their wife, their husband or their child... Most of the therapeutic groups meet once a week (one day or half a day), for 5 weeks. The patients train Tai Chi for between 1 to 2 hours. Very often, we finish the Tai Chi session with some minutes of "relaxation" (kind of "meditation", or perhaps "self-hypnosis" :

imagining oneself to be at a nice and secure place, simply listening to the breath and feeling how the body is seated on the chair or lying on the mat...). Most of the time, (in the case of chronic low back pain for instance), after a whole day of rehabilitation (physiotherapy, occupational therapy, stretching, rebuilding the muscles...), patients feel very painful and tired, but after the Tai Chi lesson (at the end of the afternoon), they feel no more pain and they are very relaxed, that's why we are called "the Cherry on the Cake."

*DD: Many thanks Dr. Luce. I think this project would be very successful in the UK. I'm sure our readers would be in favour of its introduction. I wish you and your team continued success.*